

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/624785	FILING DATE				
APPLICANT(S)											
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51				
2		/		/	/		52				
3		/		/	/		53				
4		/		/	/		54				
5		/		/	/		55				
6		/		/	/		56				
7		/	/		/	/	57				
8	/		/		/	/	58				
9		/		/	/	/	59				
10		/		/	/	/	60				
11		/		/	/	/	61				
12		/		/	/	/	62				
13		/		/	/	/	63				
14		/		/	/	/	64				
15		/	/		/	/	65				
16	/		/		/	/	66				
17		/	/		/	/	67				
18		/		/	/	/	68				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3		2		TOTAL IND.				
TOTAL DEP.	16		13		21		TOTAL DEP.				
TOTAL CLAIMS	19		16		4		TOTAL CLAIMS				